

REQUEST FOR TRAINING

DATE: _____

APPROVAL: Supervisor: _____

Director: _____

Name of Employee: _____

Education Level: _____

Continuous Civilian Service: _____ years _____ months

TRAINING COURSE DATA:

Name and Mailing Address
of training vendor _____

Location of training site
(If same, so state.) _____

Course Title _____

Catalog/Course No. _____

Direct cost to the Government _____

Training period, actual dates: Start _____ Complete _____

Number of course hours-

During Duty _____ During Non-duty _____ Total course hours _____

TRAINING OBJECTIVE (Benefits to be derived by the Government - statement by employee or supervisor.)

TRAINING CODES (Choose one number for each category)

A - _____

B- _____

C- _____

D- _____